Volunteer Information and Interest Form

Send completed form to: Sheree DiMario
Columbus House PO Box 7093 New Haven, CT 06519
sdimario@columbushouse.org 203-401-4400 ext 138 Fax 203-773-1430

Contact Information

Date _____

First Name _____ Mid. Init. _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Email _____ Home Phone _____

Work Phone _____ Cell Phone _____

Areas of Expertise

Check all boxes that apply.

☐ General Office Skills ☐ Computer/IT ☐ Social Work ☐ Maintenance/Handyman

☐ Administrative Support ☐ Fundraising ☐ Accounting ☐ Landscaping

☐ Telephone ☐ Organizing ☐ Other Skills / Trades (please list) _____

Relevant Credentials (optional) _____ Education Level (optional) _____

Areas of Interest

Check all boxes that apply.

☐ Serving Meals ☐ Event Planning Committee ☐ Office Support

☐ Data Entry ☐ Event Support ☐ Maintenance (painting, repair,

☐ Fundraising Support ☐ Landscaping

☐ Other Interests (please list): _____

Availability

Check all boxes that apply.

I would like to volunteer: ☐ Regularly (e.g. twice per week/ ☐ Occasionally (as available) ☐ One Time

Month(s) of Interest: ☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

Day(s) of Interest: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Time(s) of Interest: ☐ 8 - 10am ☐ 10am - Noon ☐ Noon - 2pm ☐ 2 - 5pm ☐ 5 - 8pm

By signing below, I agree that completing this I&I Form does not constitute an employment relationship with Columbus House and that, by serving as a volunteer, I will receive no compensation. Further, the relationship between Columbus House and its volunteers is an "at will" arrangement; thus this application may be denied, or the relationship terminated, at any time for any reason.

Signature _____ **Date** _____

Revised 11/2015